

EXHIBIT H

**Grayson County Detention Center
Health Assessment**

Date 6/17/19

Name Bradley, Benjamin DOB 83 SS# -8979

Age 36 Race B Sex (M) F Height 5'11" Weight 284

BP 140/90 Pulse 81 Resp 22 Temp — 02 Sat 98 %

Allergies NEA

Primary Care Physician Dr. Mendisalti mn Michigan

Medications none

Health History: (Explain Any "yes" answers)

Y N Seizures, CVA, Fainting
 Y N Migraine Headaches
 Y N Psychiatric, Nervous Disorders
 Y N Glaucoma, Vision Problems
 Y N Hay Fever, Allergies
 Y N Thyroid Disease
 Y N Heart Disease /Hypertension
 Y N Tuberculosis/Past Positive TB Test
 Y N TB Treatment – Date _____
 Y N Problems With Lungs (COPD, Asthma, etc)
 Y N Drugs Type _____
 Y N Do you have Sickle Cell Disease

Y N Stomach Problems
 Y N Colon Problems
 Y N Problems with Liver
 Y N Diabetes
 Y N Kidney Disease
 Y N Prostate/Testicular Problems
 Y N Sexually Transmitted Diseases
 Y N Cancers
 Y N ETOH (Alcohol)
 Last Use _____
 Y N Do you have Sickle Cell Trait

Comments _____

Surgeries none

Any Other Health Problems none

Physical Exam: (Explain Any Abnormal Findings)

<input checked="" type="checkbox"/> N A General Appearance	<input checked="" type="checkbox"/> N A Lungs	<input checked="" type="checkbox"/> N A Extremities
<input checked="" type="checkbox"/> N A Neuro	<input checked="" type="checkbox"/> N A Abdomen	<input checked="" type="checkbox"/> N A Skin
<input checked="" type="checkbox"/> N A HEENT	<input checked="" type="checkbox"/> N A GU	<input checked="" type="checkbox"/> N A Mouth
<input checked="" type="checkbox"/> N A Heart	<input checked="" type="checkbox"/> N A Genitalia	

Comments _____

PPD - Date Read 5-30-19 **Results** Ø **MM**

CXR - Date _____ **Results** _____

Nurses Signature Betty D. Wilson

Inmates Signature A. B. H. J.

Physicians Signature _____